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COMBINED DECLARA (Includes Reference to	PCT Internation	al Applicat	ions)	OF ATTORNEY	***************************************		File No	o. 00	0-46
As a below named inver My residence, post offic first and sole inventor (if below) of the subject ma	ntor, I hereby de e address and o f only one name	clare that: itizenship is listed b	are as sta	n original, first and ic	int invento	r (if	nlural name	the es ar	original, e listed
MURINE CYTOKINE RE				_					
the specification of whic	h (check only or	ne item be	low):						
is attached hereto	was filed as	United St	ates appli	cation Serial No.	on July 5, 2	2001			
and was amended on									
was filed as PCT i	nternational app	lication Nu	ımber	01	n				
I hereby state that I have claims, as amended by a material to the examinat claim foreign priority ber nventor's certificate(s) o States of America listed cettificate(s) or any PCT America filed by me on t claimed:	any amendment ion of this applic nefits under Title or of any PCT int below and have international ap	referred to cation in action and 35, United ernational also idention(s	o above. ccordance d States C applicatio tified below	l acknowledge the di with Title 37, Code of code, 119 of any fore in(s) designating at le w any foreign applicating at least one cou-	uty to disclored for Federal ign applications on the continuous for the control of the control o	ose Reg ation ount pate	information ulations, 1.9 (s) for pater ry other that ent or invent the United	whice 56. Intor- Intor- tor-s	ch is I hereby e United
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hereby claim the benef below.			ates Code	119(e) of any Unite	d States p				
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hereby claim the bernternational application(natter of each of the clar by the first paragraph of lefined in Title 37, Code and the national or PCT in	s) designating taims of this applement Title 35, United of Federal Rec	he United ication is r I States C rulations.	States of not disclost ode, 112, 1.56 which	America that is/are sed in that/those price I acknowledge the concurred between	listed belov or application duty to disc	w ar on(s	nd, insofar a) in the mai	as th nner	provided
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			ASSIGN	ED (if any)	-	-		+	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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First Given Name

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120	Post Office Address	Post Office Address	City	State & Zip Code/Country
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	Residence	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country

City

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
Date	Date	Date
Signature of Inventor 4	Signature of Inventor 5	Signature of Inventor 6
Date	Date	Date